

DEC 09 2005

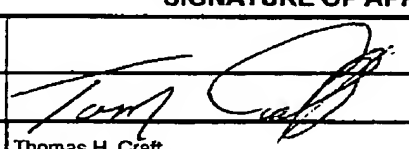
PTO/SB/21 (09-04)  
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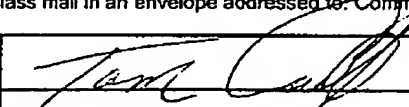
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/717,754
	Filing Date	11/20/2003
	First Named Inventor	Craft
	Art Unit	3725
	Examiner Name	Rosenbaum
	Attorney Docket Number	
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
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Printed name	Thomas H. Craft		
Date	December 9, 2005	Reg. No.	

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Typed or printed name	Thomas H. Craft	Date	December 9, 2005

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PTO/SB/82 (04-05)

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**REVOCATION OF POWER OF  
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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/717,754
Filing Date	11/20/2003
First Named Inventor	Craft
Art Unit	3725
Examiner Name	Rosenbaum
Attorney Docket Number	

**I hereby revoke all previous powers of attorney given in the above-identified application.**☐ A Power of Attorney is submitted herewith.**OR**☐ I hereby appoint the practitioners associated with the Customer Number: ☐ Please change the correspondence address for the above-identified application to:☐ The address associated with  
Customer Number: **OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Thomas H. Craft				
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City	Palo Cedro	State	CA	Zip	96073
Country	USA				
Telephone	(530) 547-3622		Email	judycraft@mac.com	

**I am the:**☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Thomas H. Craft		
Date	December 7, 2005	Telephone	(530) 547-3622

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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